

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if ...



James H. DeLoach
Warden of Draper Correctional Facility
P.O. Box 1107
Elmore, AL 36025

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *C Bell*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C Bell

C. Date of Delivery

2/8/07

address different from item 1? ☐ Yes

or delivery address below: ☐ No

07cv99
only petition

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from service label)

7006 2760 0002 8193 1149

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154n